

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	20	75316	8/1/00
O.I.P.E. CLASSIFIER		1/3	8/1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	59523		9-28-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	6/5/00	
2	✓	6/5/00	
3	✓	6/5/00	
4	✓	6/5/00	
5	✓	6/5/00	
6	✓	6/5/00	
7	✓	6/5/00	
8	✓	6/5/00	
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If more than 150 claims or 10 actions
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